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November 29, 2004

GROUP: 1635**FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0623****SERIAL NO.: 10/033,742****FILED: December 28, 2001****CUSTOMER NO.: 32862****CONFIRMATION NO.: 8407**

NUMBER OF PAGES: 13
(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate) and
Amendment in response to Office Action dated August 30, 2004.

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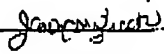
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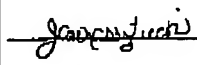
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. ISPH-0623	
Applicant(s): Karras and Condon						
Application No. 10/033,742	Filing Date December 28, 2001	Examiner Terra C. Gibbs	Customer No. 32862	Group Art Unit 1635	Confirmation No. 8407	
Invention: ANTISENSE MODULATION OF MACROPHAGE INFLAMMATORY PROTEIN 3-ALPHA EXPRESSION						
<u>COMMISSIONER FOR PATENTS:</u>				RECEIVED CENTRAL FAX CENTER NOV 29 2004		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: November 29, 2004			
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						

P11LARGE/REV08

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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-bottom: 5px;">Signature</div> <div>Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: November 29, 2004		
cc:			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</div> <div style="text-align: center; margin-top: 10px;">(Date)</div> <div style="text-align: center; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>		

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0623

Inventors: Karras and Condon

Serial No.: 10/033,742

Filing Date: December 28, 2001

Examiner: Terra C. Gibbs

Customer No.: 32862

Group Art Unit: 1635

Confirmation No.: 8407

Title: Antisense Modulation of Macrophage
Inflammatory Protein 3-Alpha ExpressionRECEIVED
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I hereby certify that this paper is being facsimile
transmitted to the Patent and Trademark Office on
the date shown below.On November 29, 2004
Jane Massey Licata Registration No. 32,257Commissioner for Patents
Washington, DC 20231Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed August 30, 2004
setting a three (3) month statutory period for response. Please
enter the following amendments and remarks into the record.

The Amendments to the Claims are reflected in the listing of
claims which begins on page 3.

Attorney Docket No.: ISPH-0623
Inventors: Karras and Condon
Serial No.: 10/033,742
Filing Date: December 28, 2001
Page 2

Remarks begin on page 5.

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